



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 1, 2, 19, 22, 23, 2012; 2012\_109153\_0025; Follow up

Licensee/Titulaire de permis

IOOF SENIORS HOMES INC.
20 Brooks Street, BARRIE, ON, L4N-5L3

Long-Term Care Home/Foyer de soins de longue durée

ODD FELLOW AND REBEKAH HOME
10 BROOKS STREET, BARRIE, ON, L4N-5L3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Assistant Director of Care (ADOC), Manager of Programs and Services, Physiotherapist, Restorative Care Co-ordinator, Registered Practical Nurse (RPN), Personal Support Workers (PSW) and Residents.

During the course of the inspection, the inspector(s) Reviewed resident health records and home policy and procedure related to the Fall Prevention Program.
Completed observations of resident care.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following subsections:**

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. The licensee did not ensure there is a written description of the Falls Prevention Program that includes its goals, objectives, relevant policies, procedures, protocols, methods to reduce risk, methods to monitor outcomes and protocols for referral of resident to specialized resources where required.  
This was confirmed through interview with the Director of Care.  
The home has implemented a Falling Leaf Program however this program has not been incorporated into the Falls Prevention policy and procedure. Some staff were unaware of the Falling Leaf Program when interviewed.[30(1)1]

**Additional Required Actions:**

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following subsections:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee did not ensure that the care set out in the plan of care is provided to the resident as specified in the plan of care.

The electronic plan of care for Resident #1 directed staff to pin call bell to gown when in bed and place sensor alarm pad on bed with alarm turned on when resident in bed.

Post fall assessment completed by a registered staff dated November 9, 2011 indicated "call bell as well as alarm were not attached to resident." "Alarm still on wheelchair".

(PLEASE NOTE: This finding of non-compliance was found during inspection # 2012\_109153\_0024)

2. The care set out in the plan of care was not provided as specified in the plan of care.

The electronic plan of care for Resident #2 under risk for falls directs staff to ensure environment is clear of clutter.

Observations completed on October 1st and 2nd, 2012 noted wheelchair footrests lying on Resident #2's bathroom floor.

The Director of Care confirmed the wheelchair footrests should not be stored on the bathroom floor during interview and a tour on October 2, 2012.

3. The licensee did not ensure the care set out in the plan of care is provided to the resident as specified in the plan related to fall prevention.

The electronic plan of care for Resident #3 directs staff to remove

environmental barriers for mobility and ensure environment is free of clutter.

During an observation completed on Friday, September 28, 2012 tubing was observed in a pile on the floor beside the bed where the resident exits when leaving the bed.

On October 2, 2012 at 10:21h. wheelchair foot rests were observed lying on floor adjacent to the foot of the bed. The Director of Care confirmed these footrests should not be on the floor during an interview and tour on October 2, 2012.

**Additional Required Actions:**

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the care set out in the plan of care is provided to all residents as specified in their plans of care, to be implemented voluntarily.***

Issued on this 29th day of October, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs





**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	LYNN PARSONS (153)
<b>Inspection No. / No de l'inspection :</b>	2012_109153_0025
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	Oct 1, 2, 19, 22, 23, 2012
<b>Licensee / Titulaire de permis :</b>	IOOF SENIORS HOMES INC. 20 Brooks Street, BARRIE, ON, L4N-5L3
<b>LTC Home / Foyer de SLD :</b>	ODD FELLOW AND REBEKAH HOME 10 BROOKS STREET, BARRIE, ON, L4N-5L3
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	DOREEN SAUNDERS

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To IOOF SENIORS HOMES INC., you are hereby required to comply with the following order(s) by the date(s) set out below:





Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested; (b) any submissions that the Licensee wishes the Director to consider; and (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West 1075 Bay Street, 11th Floor
Suite 800, 8th Floor
Toronto, ON M4V 2Y2 Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West 1075 Bay Street, 11th Floor
Suite 800, 8th Floor
Toronto, ON M4V 2Y2 Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.